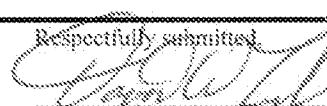


# TRANSMITTAL FORM

	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Serial Number</td> <td style="width: 50%;">10/736,903</td> </tr> <tr> <td>Filing Date</td> <td>DECEMBER 17, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>BORIS MASLOV, ET AL.</td> </tr> <tr> <td>Group Art Unit</td> <td>2837</td> </tr> <tr> <td>Examiner Name</td> <td>COLON SANTANA, E.</td> </tr> <tr> <td>Attorney Docket No.</td> <td>76897-018CIP4</td> </tr> <tr> <td>Patent No.</td> <td>Not applicable</td> </tr> <tr> <td>Issue Date</td> <td>Not applicable</td> </tr> </table>	Application Serial Number	10/736,903	Filing Date	DECEMBER 17, 2003	First Named Inventor	BORIS MASLOV, ET AL.	Group Art Unit	2837	Examiner Name	COLON SANTANA, E.	Attorney Docket No.	76897-018CIP4	Patent No.	Not applicable	Issue Date	Not applicable
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Examiner Name	COLON SANTANA, E.																
Attorney Docket No.	76897-018CIP4																
Patent No.	Not applicable																
Issue Date	Not applicable																

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)
<input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____]	<input checked="" type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
<input checked="" type="checkbox"/> Petition for Extension of Time (1 month)	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) Computer Generated English Translation of 2002-186120 A
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations	<input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Amendment After Allowance	
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above		

<b>CORRESPONDENCE ADDRESS</b> Direct all correspondence to: PATENT ADMINISTRATOR Proskauer Rose LLP 1001 Pennsylvania Ave., N.W. Suite 400 Washington, D.C. 20004 Tel. No.: (202) 416-6800 Fax No.: (202) 416-6899 CUSTOMER NO: 61263	<b>SIGNATURE BLOCK</b>  Respectfully submitted, David W. Laub Attorney for the Applicant(s) Proskauer Rose LLP 1001 Pennsylvania Ave., N.W. Suite 400 Washington, D.C. 20004
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**FEE TRANSMITTAL**  
**FY 2006**

		<i>Complete if Known</i>
Application Serial No.	10/736,901	
Filing Date	DECEMBER 17, 2003	
First Named Inventor	BORIS MASLOV, ET AL.	
Group No.	2837	
Examiner Name	COLON SANTANA, E.	
Confirmation No.	4049	

**METHOD OF PAYMENT**

		<b>FEE CALCULATION (continued)</b>
<input checked="" type="checkbox"/> Payment Enclosed:	<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other	<b>4. ADDITIONAL FEES</b>

<input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-3846	Fee (\$)	Fee (\$)	Fee Description	Fee Paid
<input checked="" type="checkbox"/> Required Fees (copy of this sheet enclosed).	130	65	Surcharge - late filing fee or oath	
<input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17.	50	25	Surcharge - late provisional filing fee or cover sheet	
<input checked="" type="checkbox"/> Overpayment Credit.	130	130	Non-English specification	

<input checked="" type="checkbox"/> Applicant claims small entity status.	2,520	2,520	Request for ex parte re-examination	
	120	60	Extension for reply within 1 <sup>st</sup> mo.	60.00
	450	225	Extension for reply within 2 <sup>nd</sup> mo.	
	1,020	510	Extension for reply within 3 <sup>rd</sup> mo.	
	1,590	795	Extension for reply within 4 <sup>th</sup> mo.	
Utility	300	500	Extension for reply within 5 <sup>th</sup> mo.	
Design	200	100	Notice of Appeal	
Plant	200	100	Filing a brief in support of an appeal	
Reissue	300	500	Request for oral hearing	
Provisional	200	0	Petitions to the Director	

<i>Small Entity Discount</i>	400	0	Submission of IDS	
	180	180	Filing a submission after final rejection (37 CFR 1.129(a))	

<b>I. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>	<b>Fee</b>	<b>Small Entity Fee (\$)</b>	<b>Fee Paid</b>	
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Application Type	Filing	Search	Examination	Fee Paid
Utility	300	500	200	
Design	200	100	120	
Plant	200	100	120	
Reissue	300	500	600	
Provisional	200	0	0	

<i>Small Entity Discount</i>	400	0	Petitions to the Director	
	180	180	Submission of IDS	

<b>2. EXCESS CLAIM FEES</b>	<b>Fee</b>	<b>Small Entity Fee (\$)</b>	<b>Fee Paid</b>	
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each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25	For each additional invention to be examined (37 CFR 1.129(b))	
each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100	Certificate of Correction for applicant's error	

Total Claims	Extra Claims	Fee Paid (\$)	Submission of Terminal Disclaimer	
	- 20 or HP -	x \$ ..... =		

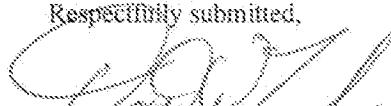
RP = highest number of total claims paid for, if greater than 20	Other fee (Specify)	Request for Continued Examination	395.00
Indep. Claims	Extra Claims	Fee Paid (\$)	

- 3 or HP -	x \$ ..... =	Other fee (Specify)	4. TOTAL: \$455.00
RP = highest number of total claims paid for, if greater than 3			

Multiple Dependent Claims	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)	
	360	180	180	

2. TOTAL: [ ]	TOTAL AMOUNT SUBMITTED	(\$455.00)
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<b>3. APPLICATION SIZE FEE</b>	<b>SIGNATURE BLOCK</b>
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If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(d).	Respectfully submitted,
	

Date: October 30, 2006	David W. Laub
Reg. No.: 38,708	Attorney for the Applicant(s)
Tel. No.: (202) 416-6800	Proskauer Rose LLP
Fax No.: (202) 416-6899	1001 Pennsylvania Ave., N.W., #400
CUSTOMER NO: 61263	Washington, D.C. 20004

CORRESPONDENCE ADDRESS
Direct all correspondence to:

PATENT ADMINISTRATOR  
Proskauer Rose LLP  
1001 Pennsylvania Avenue, N.W., Suite 400  
Washington, D.C. 20004  
Tel. No.: (202) 416-6800  
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